			Application or Docket Number										
Effective October 1, 2003													√ 4.
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			9					RATE		FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			√9 minus 20=		* 0			X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS			2 mir	nus 3 =	* 0			X43=			OR	X86=	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+145=			OR	+290=	
* If	the difference	in column 1 is l	ess than zero, enter "0" in column 2				Ĺ	TOTAL 785			OR	TOTAL	
CLAIMS AS AMENDED - PART II									L	<u></u>	,	OTHER	THAN
		(Column 1)		(Colur	nn 2)	(Column 3)		SMALL EN			OR	SMALL ENTITY	
- AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE	e entre en	RATE	ADDI- TIONAL FEE
WQ.	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=	·
ME	Independent	*	Minus	***		=		X43=	=		OR	X86=	
۱	FIRST PRESE	JLTIPLE DEPENDENT		CLAIM			+145				+290=		
								TOT			OR OR	TOTAL	
		<i>F</i>	ADDIT. FEE ADDIT. FEE										
AMENDMENT B	(Column 1) CLAIMS			(Colui		(Column 3) PRESENT	l			ADDI-			ADDI-
		REMAINING AFTER AMENDMENT	·	PREVI	OUSLY FOR	EXTRA		RATI	E	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***		=		X43:	=.		OR	X86≡	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								=		OR	+290=	
								TOT ADDIT. F			OR	TOTAL ADDIT. FEE	
		(Column 1)		كالتراز النوار أمسن	mn 2)	(Column 3)							·
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ÉD M	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=			OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145				4000	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	The "Highest Nur	nber Previously Pa	id For" (Total o	r Independ	lent) is the	highest numbe	er fou	nd in the	appı	opriate box	k in co	lumn 1.	